



2017 English Soccer Academy Technical Summer Camp
In Conjunction with Mayfield Youth Soccer
Monday June 12th through Friday, June 16th
Mayfield High School 9:30AM until 12:30 PM

These summer camps always sell out way before the deadline – book early!

- USSF Licensed Coaches led by Cobra Director of Coaching, Sean McNamara.
- English F.A. (Football Association) Advanced License.
- United States Soccer Federation (USFF) National "A" License.
- Olympic Development Program (ODP) State, Regional and National Coach.
- Ohio Coach of the Year
- Ohio Youth Sports Person of the Year.
- Umbro Advanced Clinics Head Coach.
- Head Varsity Boys' Coach, Mayfield High School.
- Optimum Coach to Camper Ratio

For Players Who Wish to be the Best

The English Soccer Academy Summer Camp program has been developed to provide a dynamic soccer-learning environment for players 8-14. The daily training sessions are designed to allow every camp athlete to improve specific technical skills. The individual technical camp focuses on a specific skill topic each day - dribbling, passing, receiving, shooting, heading and tackling are given in-depth training throughout the week. The team technical camp allows an entire team to receive the same level of high intensity training with specific areas of emphasis determined by the team coach and the English Soccer Academy Director of Coaching.

Registration:

Complete the registration below and return with a check for \$100 to the English Soccer Academy, c/o Coach McNamara. 6172 Coldstream Road, Highland Hts, Ohio 44143. Or, pay by PayPal on the Cobras webpage

Schedule: Monday - Friday, June 12th through 16th 2017 9:30AM through 12:30PM

Location: Mayfield High School Wildcat Stadium and the Twin Fields

Cost: \$100 [Click here to Pay via PayPal](#)

For additional information, please call Coach Mac at (440) 376-4893

Amateur Minor Athletic Waiver and Release of Liability:

In consideration of being allowed to participate in any way in English Soccer Academy or its parent or subsidiary organization's athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction and negligence of others or the condition of the premises or of any equipment used. Further that there may be other risks not know to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue the English Soccer Academy, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

(print) name of participant

(print) name of parent or guardian/relationship to participant

Signature of parent or guardian

Family Address: _____ City: _____ Zip _____

Date of Birth: _____ Telephone: () _____ Check Number: _____

Known Medical Problems: _____

Email: _____ Please write as clearly as possible.

If you have paid by PayPal please indicate.....Return this waiver and check to:
Coach McNamara @ 6172 Coldstream Road, Highland Hts, Ohio 44143

T-shirt Size (Please Circle) YS YM YL AS AM AL AXL